**Application or Docket Number** 

| _   | · ATEN  | Eff                                       | EU   | OKD                               | SONN' 08645         |                                  |   |                     |                        |    |                         |                        |
|---|---|---|--|-----------------------------------|---------------------|----------------------------------|---|---------------------|------------------------|----|-------------------------|------------------------|
|   |   | CLAIMS A                                  | AS FILED -<br>(Columi  |                                   |                     | (Column 2)                       |   | SMALL ENT           | TITY                   | OR | OTHER<br>SMALL E        |                        |
| U.S. NATIONAL STAGE FEES  |   |   |  |                                   |                     |                                  |   | RATE                | FEE                    |    | RATE                    | FEE                    |
| BASIC FEE   |   |   | SMALL ENT. = \$ 150  |                                   | LARC                | GE ENT. = \$ 300                 | 1 | BASIC FEE           | 130                    | OR | BASIC FEE               |                        |
| EXAMINATION FEE   |   |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                  |                                   |                     | ther situations = 100 / \$ 200   | 1 | EXAM. FEE           | 200                    | 1  | EXAM. FEE               | <u> </u>               |
| SEARCH FEE  |   |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                   |                     | ther situations = 3 250 / \$ 500 |   | SEARCH FEE          | 100                    |    | SEARCH FEE              |                        |
| FEE FOR EXTRA SPEC. PGS.  |   |   | 8 / minus 100 =  |                                   | :                   | / 50 =                           |   | X \$ 125 =          |                        |    | X \$ 250 =              |                        |
| TOTAL CHARGEABLE CLAIMS   |   |   | // minus 20 = _  |                                   |                     |                                  |   | X \$ 25 =           |                        | OR | X \$ 50 =               |                        |
| INDEPENDENT CLAIMS  |   |   | ) m  | inus 3 =                          | *                   |                                  |   | X \$ 100 =          |                        | OR | X \$ 200 =              |                        |
| <u> </u>  |   | DENT CLAIM PRI                            |  |                                   |                     |                                  |   | + \$ 180 =          |                        | OR | + \$ 360 =              |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |   |  |                                   |                     |                                  |   | TOTAL               | 450                    | OR | TOTAL                   |                        |
|   | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |   |  |                                   |                     |                                  |   | SMALL E             | NTITY                  | OR | OTHER THAN SMALL ENTITY |                        |
| AMENDMENT A   |   | REMAINING<br>AFTER<br>AMENDMENT           |  | NUMI<br>PREVIO<br>PAID            | BER<br>DUSLY        | PRESENT<br>EXTRA                 |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus  | **                                |                     | =                                |   | X \$ 25 =           |                        | OR | X \$ 50 =               |                        |
|   | Independent   | *   | Minus  | ***                               |                     | =                                |   | X \$ 100 =          |                        | OR | X \$ 200 =              |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |   |  |                                   |                     |                                  |   | + \$ 180 =          |                        | OR | + \$ 360 =              |                        |
|   |   |   |  |                                   |                     |                                  |   | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE     |                        |
|   |   | (Column 1)                                |  | (Colun                            | nn 2)               | (Column 3)                       |   |                     |                        |    |                         |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·  | HIGHI<br>NUME<br>PREVIO<br>PAID I | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA                 |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus  | **                                |                     | =                                |   | X \$ 25 =           |                        | OR | X \$ 50 =               |                        |
|   | Independent   | *   | Minus  | ***                               |                     | 8                                |   | X \$ 100 =          |                        | OR | X \$ 200 =              |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                |   |  |                                   |                     |                                  |   | + \$ 180 =          |                        | OR | + \$ 360 =              |                        |
|   |   |   |  |                                   |                     |                                  |   | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE     |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |  |                                   |                     |                                  |   |                     |                        |    |                         |                        |